

Central MRS Meeting Notes
May 25, 2006
Alamance Youth Services, Graham

Counties Present: Alamance, Catawba, Davidson, Durham, Forsyth, Guilford, Mecklenburg, Person, Rockingham, Rowan.

Introduction

Announcements

System of Care presentation – Gary Ander (site coordinator with Alamance), Laura Smith (Southeastern LME -Bladen, Scotland, Robeson), Sherry McGuiness (family partner).

Announcements

- MRS learning institute, August 21-23 in Craven county. Several workshops. Shorter the first and last day, and middle day there will be several all day workshops so you can really go in depth into a topic.
- Introduced Patrick Betancourt as Holly's new Supervisor. From Franklin county. Based in Raleigh so you can reach him there.

System of Care

Presentation

- Handed out a brochure that gave a good summary of System of Care
- Federal grant that has been granted to 3 counties in NC: Mecklenburg, Alamance and Bladen. State was intentional in looking at counties of different sizes.
- Power point presentation. Contact Holly if you would like a copy of this.
- Hard for different agencies to coordinate and be family centered.
- Talked about the barriers to implementing MRS.
- Hard for social workers to know all the resources in the county.
- System of Care is a framework of how to provide services.
- State DSS, Duke, and the 3 counties have been working together. Realized that SOC provides the background, and MRS provides the concrete strategies to work by.
- SOC principles and values look a lot like MRS. Want to be collaborative, not duplicating services, not working against each other, build on strengths, cultural competency, and tailor services to individual families needs.
- SOC supports and enhances MRS.
- People think they listen to families and know how to work with them but they sometimes don't really because agencies come from a position of power.
- SOC is not a new initiative, new model, or new work. It is the background for how we do work. Strengthens what we are doing.

- Benefits to DSS is that the social workers are not there alone. Sharing the power also means sharing responsibility. More effort up front, less work and more payoff on the end.
- One of the goals is to build an infrastructure of collaboration. The others are to improve outcomes (federal review) and evaluate its effectiveness.
- History
 - Typically the term System of Care has been used in a Mental Health perspective.
 - There is about a 15 year history of System of Care in the US. Started in NC in 1994.
 - DSS funded in 2003.
- Overall goals
 - Improved outcomes of safety, permanency, and well-being (federal measures)
 - Institutionalize a System of Care Infrastructure,
 - Evaluate the effectiveness (Duke assisting with this.)
- Legislation from the state to support SOC.
- Several mandated community collaborative committies.
- Trying to shift the culture of DSS. As well as community partners coming to DSS offices, the DSS workers go into the community to meet with them.
- Regional meetings coming up this fall – similar to a mini-MRS learning institute. Be on the lookout for those.

Discussion

- Holly pointed out that SOC is a tool to strengthen what we are already doing with MRS. This is how you get the resources to serve your families. Talk to the people that are in your community. These resources are here and there are people already working with these families, DSS just has to reach them. You don't have to have a grant or be one of the federally awarded grants. Some other counties are doing it without being a part of the grant.
- Don't just think of your traditional "community partners" i.e. mental health, Family Resource Centers. Talking about churches, etc. This will take time up front, but in the long run it will save time.
- Can start this in your community with no start up funds. Durham county had no money, but has done this with tremendous results, including saving money on detention placements. Also, Scotland county had moved to create an independent SOC coordinator. They had no new funding, but several agencies kicked in a small amount which totaled enough for the position.

Other Discussion

How to help families participate CFTs and developing their case plans?

- We used to tell families what to do and expect them to do it. We can't just start saying now "do it yourself", we have to help them to start thinking of

how they can do that. For example, they may not be able to say “there is a woman at my church that is a good parent and I would like her to mentor me” but they can say that they do not like group parenting classes and you can prompt her with questions to discover that she respects the woman at her church and find out that woman is a good parent and you can end up there.

Work First from Mecklenburg – how are other counties dealing with imposing sanctions on client for not complying with case plan (specifically drug tests.)

- In Guilford when that happens, they can still get benefits, but only through a payee.
- What if client won't even take a drug test? Remember that DSS attorneys have said that we as DSS cannot make clients take drug test. So be very careful in this area.
- There is a difference between not following through with a plan, where you can sanction, and trying to sanction because the client won't do something not in the plan that the CPS social worker wants them to do (which you can't do.)

Upcoming meetings

- Will be talking about documentation in June. We need to talk about this. Duke is struggling to get the information from the records. Although internal DSS staff can read the records, Duke and CFSF are having trouble understanding the records.
- If anyone has tools for documentation, please email Holly so that she can share them.
- We will look at how to keep current on dictation.